

Relatives' Involvement in Nursing Care: A Qualitative Study Describing Critical Care Nurses' Experiences: Qualitative Research Critique

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Abstract: This paper is a critique of a qualitative research entitled "Relatives' involvement in nursing care: A qualitative study describing critical care nurses"(Engström, Uusitalo, & Engström, 2011) The aim of conducting this critique is to determine the strengths and limitations of a qualitative research study. This critique will be based on the criteria that suggested by qualitative research course.

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1. General Information

This descriptive phenomenological study "Relatives' involvement in nursing care: A qualitative study describing critical care nurses" is related to my area of research interest where its' aim to describe the critical care nurses' experiences of relatives' involvement in the nursing care of patients in an intensive care unit.

The strengths of this study are: The language paper was clear, easy to understand, correct grammatically, and well organized. The flow of ideas was smooth and moving from one to another was reasonable in a logical consequence of the introduction, literature review, and methodology, findings, discussion, conclusion and study limitation.

For example, the study title is clear, understandable, accurate and identifying the type of study as qualitative descriptive, the phenomena of the study is explored clearly from the title as the "Relatives' involvement in nursing care", the title mentioned clearly the nature of the inquiry which is the critical care nurses' experience of relatives involvement in nursing care in the intensive/critical care units. In addition, the population of the study as the critical care nurses is clearly identified.

The weaknesses are: The process of maintaining the trustworthiness as using a member check was not used, or using data collection triangulation was not used. For example semi structured interview was used in this study, while using observation in addition to interview may as well enhance the trustworthiness.

Another weak point is that the decision of data saturation was not explicit. It should be clearly stated by the authors by saying that no new information was gained or state that data saturation will be gained after the patient transferred from intensive care unit.

2. Problem Statement, Significance and Aim of the Study

The problem statement and the significance of the study was clearly identified in the last paragraph of the introduction. The problem statement was clearly defined within the introduction as "There is a lack of studies describing critical care nurses experiences of relatives' involvement in the nursing care of patients in intensive care units", in addition to the significance "Increased Knowledge about this might lead to improved nursing care and better encounters with relatives".

In my opinion, it is a convincing rationale about the significance and the importance of the study of nursing practice in particular and nursing administrators to adopt new strategies to facilitate and delineate the policies and guidelines for the relatives' involvement in nursing care in intensive care units.

The aim of the study was written clearly in the abstract and in a separate title. The researcher reported "The aim of this study was to describe the critical care nurses experiences of relatives' involvement in the nursing care of patients in an intensive care unit". The researchers addressed the need of the study adequately through the introduction which exhibited the background of the phenomena and the relationship between the critical care nurses and the relatives and the extent of the impact of intensive care unit stay of a patient on their relatives.

The philosophical underpinning of this study was not written explicitly, so the reader need to infer what they are?

3. Review of the Literature

The literature review was apparent in the introduction and in the discussion sections, it was comprehensive and relevant to support the nature of

inquiry and meet the philosophical underpinning of the study, it started in an organized, logical manner and it was reported shortcomings of relevant literature, for example: "There is a lack of studies describing critical care nurses experiences of relatives' involvement in the nursing care of patients in intensive care units".

The majority of the studies used in the review were recent studies within the last five years, the authors relied on primary sources, they used paraphrase technique, and they were not relying on quotes from original sources of the literature, only they used quotations from the interview text.

The researchers used sources of integration in review, for example: "Studies (Hupcey, 2000; McKinley et al., 2002; Arslanian-Engoren and Scott, 2003) found that the presence of relatives gives critically ill patients a feeling of protection".

The literature review was not extended to guide and impose preconception and assumptions, further it helps to shed the light on the area which lacks the investigation of nurses' experience about the phenomena, the literature review was more supportive with exemplars in the discussion part. Based on the literature review of this study, a case can be made for conducting a new study.

4. Theoretical/Conceptual Framework

The researchers collected in depth and rich data to explore the experience of the critical care nurses through interaction with the participants. However, there was no instrument used to collect the data, and neither a conceptual framework to guide the study nor a hypothesis to be tested. The study was inductive to provide categories of the critical care nurses experiences' from the transcript verbatim of the recorded interviews.

5. Population and Sampling

The target population was clearly described in this study. The participants were eight critical care nurses were recruited using a purposive sampling method, with two men and six women, were aged between 25 and 50 years old, worked as critical care nurses between five and 15 years, and all participants worked in the same intensive care unit which is located in the northern part of Sweden.

The sample size used was eight participants, but the researchers did not explain how they determine this sample size, it might be more essential to mention how they determine this size. Since the sample selected from a homogenous group, the size of six to eight participants has been reasonable (Holloway & Wheeler, 2010).

The method of sampling was adequately described in this study for both participants and the

setting of the study where the method of study was purposeful and the setting was northern part of Sweden.

The sampling method and the recruited participants were appropriate to the study design and purpose, the researchers described the sample characteristics, but need to explain the process of determining the size of the sample.

The inclusion criteria used to select the participants were clearly defined as being a critical care nurse with specialist training, with at least one year experience as a critical care nurse in an intensive care unit where relatives involved in the nursing care, and willing to participate in the study.

4. Research Design

The design of the study was specifically stated in the method and design section, the design used in this study was a descriptive qualitative design anchored with the naturalistic paradigm to describe and understand the critical care nurses experience of relatives' involvement in nursing care of patients in an intensive care unit.

The proposed design, descriptive phenomenology is appropriate to the study aim in order to generate a description of the phenomena of everyday experience to explore and understand the critical care nurses experience with relative involved in nursing care.

The phenomenological view of this approach is considered as an attempt to describe the lived experiences, without making previous assumptions. The researcher described and explored the lived experience of the critical care nurses using bracketing prior assumptions and preconceptions, there is a congruence between the aim of the study and the design used to achieve the study aim.

I think that authors provide enough information to replicate such of this study by using an alternative method for analyzing the data of this study, for instance, to use a phenomenological-hermeneutic approach to describe and interpret the meaning of relatives' involvement in nursing care.

6. Data Collection

The data were collected by means of a semi-structured interview using an interview guide, which is presented in the study and consisted of 11 questions and few probing questions. Eight interviews were completed, each individual interview lasted approximately 25 to 40 minutes, and the interviews were conducted in a quiet room in the intensive care unit considering the wish of critical care nurses.

The researchers did not outline the rationale of using the semi-structured interviews with the guide,

and did not provide enough information about the process of data collection, for example, how the data were recorded, transcribed and stored, how the questions in the interview guide were developed.

The proposed method of data collection is appropriate to the study aim in order to generate a description of the phenomena of everyday experience to explore and understand the critical care nurses experience with relative involvement in nursing care.

7. Protection of Human Rights

The researchers obtained approval from the University Ethics Committee, and permission from the unit manager of an intensive care unit in the northern part of Sweden was obtained as well prior to research. The participants received a letter containing information about the study, this information was repeated orally to the participants prior to starting the interviews and a consent form was signed by the participants to assure participation. The participants assured that the data will remain confidential, the participation is voluntary, and participants have the right to withdraw at any time without prejudice. There is no indication that participants invited to consent at an appropriate time.

There were some issues related to the ethical consideration; the researchers did not assure how the identity of the participants will be protected. The researchers did not provide details how the recorded data on tape and the transcript verbatim will be protected or damaged.

The researchers approached the head nurse who contacted ten nurses to participate, this may encounter an authority obligation to participate which may bias the data. The participants should be assured that the participation in this study will not affect their work positively or negatively. The researcher should assure that the participants are comfortable all over the interviewing process and provide psychological support when needed.

There was no evidence of deception, intimidation, the only matter which provides issues of coercion to participate, is the use of the head nurse to contact the critical care nurses which have an evidence that the participant can be identified.

There were neither prior assumptions nor preconceived conceptualization, the researchers have no influence on the interviewing process, data collection and data analysis. The data were presented as provided from the participants.

There is no evidence that study designed to minimize risks of participants, but the significance of the study shows maximize benefits regarding improved nursing care and better encounters with relatives.

8. Data Analysis

The researcher described how the data were analyzed, it was clearly explained the process of analysis of the transcribed verbatim texts using qualitative content analysis. The researchers read the text of the interviews several times in order to gain a sense of the content which is defined as "immersing oneself in data, engaging with data reflectively, and generating a rich description" (Speziale & Carpenter, 2007).

The researchers identified the meaning units, which were then condensed, coded and sorted stepwise into finally five sub-categories and two main categories related by content, constituting an expression of the content of the. By moving back and forth between the text and the output of the content analysis, a progressive refining of the findings were provided. Each category was linked with evidences from the participants' quotations.

Qualitative content analysis was an appropriate method that fit with the level of inquiry. However, the aim of the study was to describe, at a descriptive level, critical care nurses experiences of this phenomena. So it was an appropriate method as cited by the authors (Engstrom, Uusitalo, & Engstrom, 2011).

The themes that developed in the study, it's supported by the raw data of the participant text.

The Findings were represented and explained in a plausible and coherent way that could not provide an alternative explanation.

9. Rigor

The method of data collection (Semi-structured interview) was reliable and independently verifiable. The interview allows entrance into another person's world and is an excellent source of data. Complete Concentration and rigorous participation in the interview process, improve the accuracy, trustworthiness, and authenticity of the data. (Speziale & Carpenter, 2007).

The individual eight interviews lasted for approximately 25—40 minutes and took place in a quiet room in the intensive care unit, according to the participants' wishes. The data were collected during 2010, there is an indication that data were collected at different time.

In this study, the researchers used a strategy to enhance rigor which is reflexivity, the researchers adopted to present the data without reflection of their own preconceptions and assumptions. Described strategy was not explicit, but from the participants' quotations which were integrated to support the extraction of the subcategories, the context was rich in data and the description was detailed to reflect the phenomena, in addition the researchers reviewed the

interview text several times so they can be immersed and engaged in the data (Speziale & Carpenter, 2007).

The member check and audit trail were not used to ensure the trustworthiness of the study, there was no evidence that the researchers presented a transcript of the interview to the participants and ask them to comment on the content, nor a summary of the interview was given to the participants to comment on which may affect the credibility.

The strategies to enhance the credibility was not explicit in the study. The dependability was difficult to assure when another researcher follows the same path used by the investigator can arrive to the same conclusions.

The transferability of the findings to another context is deemed applicable and meaningful to others. The conformability is achieved as the findings and conclusions of the study reflected the aim of the study, and are not the result of the researchers' prior assumptions and preconceptions (Holloway & Wheeler, 2010).

The authors collaborate each other in the data analysis, there is no method used to resolve differences of interpretation, they declare that there is no conflict of interest and there were no negative or discrepant results.

10. Conclusions and Recommendations

The results of data analysis were clearly explained in reference to the phenomena of interest. The conclusion was drawn from the study stated that relative contribute to critical care nurses establishing a better relationship with the patient as a whole person, critical care nurses have to find a balance between the relatives' needs of involvement and how the patients want to be cared for and at the same time the critical care nurses have to protect the patients' integrity, as protecting the integrity of patients is a reason for limiting relatives' involvement.

This conclusion was justified by the results were appropriately presented in two main categories and five sub categories as follow; the first main category is realizing the significance of relatives' involvement, which includes two subcategories; relatives participating in the care of their sick relative and helping and encouraging relatives to stay close. The second main category is experiencing obstacles to relatives' involvement and includes three subcategories; respecting the patient's integrity, being negatively affected by relatives' participation, the environment and lack of time reduces relatives' possibilities of being involved.

The findings were rich and comprehensive, reflected the participants' experiences, the participants' views was reflected in the quotations as

evidences and exemplars were presented to each subcategory. The findings of the research adequately addressed the purpose of the study and identified the importance of the relatives' involvement in nursing care.

Regarding the results of the study, the researchers recommended that further research into relatives' and patients' experiences and opinions about relatives' involvement in the nursing care of patients in intensive care units is needed.

The research findings can be transferable to similar setting and can be applied in an appropriate way to practice by encouraging nurses to communicate with the relatives, meeting their needs, and identifying their capacity to be involved in the care of their patients. Such as: doing a simple care procedure, making them oriented to the intensive care unit environment, in addition to consider the obstacles of involving them in the care.

11. Style

The study paper language was clear, easy to understand, correct grammar, and well organized.

12. Citation

The American Psychology Association (APA) format was not used.

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References

1. Arslanian-Engoren C, Scott LD. (2003). The lived experience of survivors of prolonged mechanical ventilation: a phenomenological study. *Heart Lung*, 32, 328–34.
2. Engstrom, B., Uusitalo, A., & Engstrom, A. (2011). Relatives' involvement in nursing care: A qualitative study describing critical care nurses. *Intensive and Critical Care Nursing*, 27, 1-9. Doi:10.11016/j.iccn.2010.11.004.
3. Holloway, I. & Wheeler, S. (2010). *Qualitative Research in Nursing and healthcare*, 3rd Ed Chichester: Wiley-BlackWell.
4. Hupcey J. (2000). Feeling safe: the psychosocial needs of ICU patients *J Nurs Scholarsh*, 32, 361-7.
5. McKinley S, Nagy S, Stein-Parbur J, Bramwell M, Hudson J. (2002). Vulnerability and security in seriously ill patients in intensive care. *Intensive Crit Care Nurs*, 18, 27–36.
6. Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research. Part 2:

qualitative research. *British Journal of Nursing*, 16(12), 738-744.

7. Speziale, H.J. & Capenter, D.R. (2007). *Qualitative Research in Nursing: Advancing the*

Humanistic Imperative. Philadelphia: Lippincott Williams & Wilkins.

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